

Benton-Franklin Health District

CERTIFIED BIRTH CERTIFICATE APPLICATION

(Washington State ONLY after 1907)

CERTIFICATE Information

Newborn certificates are not available for approximately two weeks after birth.

NAME: _____
(First) (Middle Name) (Last)

DATE of BIRTH: _____ PLACE of BIRTH: _____
(Month/Day/Year) (Hospital or City)

NAME of FATHER: _____
(First) (Middle Name) (Last)

MOTHER's BIRTH NAME: _____
(First) (Middle Name) (Maiden Name)

CONTACT Information

Person picking up or ordering certificate must complete the following contact information:

NAME: _____
(First) (Middle Initial) (Last)

ADDRESS: _____
(Street and/or PO Box) (City and State) (Zip Code)

DATE of BIRTH: _____ DAYTIME Phone Number: _____
(Month/Day/Year)

PAYMENT Information

BIRTH CERTIFICATES ARE \$20 EACH. We do not accept personal checks. Acceptable forms of payment are cash, credit card, money order or cashier's check; payable to BFHD.

For ONE certificate only

For TWO OR MORE Certificates

☒ SAME DAY SERVICE

Walk-In Clients ONLY

☐ \$30- One birth certificate now

_____ of certificates now @ \$20 each plus a \$10 service fee per application

☐ NEXT BUSINESS DAY

Walk-In Clients ONLY

☐ \$20- One certificate for pick up

Pick up next business day @ BFHD from 10-11:30 or 1-4:00

_____ of certificates for pick up @ \$20 per certificate

☐ US MAIL & FAX

Walk-In, Mail-In and FAX

☐ \$20- one certificate sent US mail

Allow 3-4 business days + mailing time to receive certificate

_____ certificates to be sent US mail @ \$20 each

➤ **REQUESTOR'S SIGNATURE:** _____ **Date:** _____

THIS SECTION IS FOR MAILING OR FAXING ONLY. For walk-in clients, your credit card will be scanned at payment window.
To expedite, add Federal Express charge: ___\$30/Priority Overnight or ___\$20/3-day service

☐ Visa ☐ American Express ☐ Discover ☐ Mastercard

Amount: \$ _____ Credit Card #: _____ Expiration Date: _____

Printed Name: _____ Signature: _____
(Must be the same name as person requesting certificate)

BELOW FOR VITAL RECORDS OFFICE USE ONLY

Counter ___ Mailed ___ Faxed ___ Newborn Pending/Unavailable: _____

Date: _____ # Copies: _____ Account #: _____ Receipt #: _____

Paper Certificate Number(s): _____ Date Mailed: _____